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Title	**Factors associated with attendance at primary care provider appointments post-discharge: a retrospective cohort study**
Authors	Kenneth Lam MD, Howard B Abrams MD, John Matelski MSc, Karen Okrainec MD MSc
Reviewer 1	Martin Dawes
Institution	University of British Columbia, Family Medicine
General comments (author response in bold)	Good background leading to clear question: to determine self-reported attendance rates with PCPs following discharge and to identify patient and system factors associated with attendance among hospitalized medicine patients. Very clear inclusion and exclusion criteria. No data on use of other hospitals or primary care may be an issue. **We thank the reviewer for this comment.** 214 is quite a low number and risks of bias are quite high for low frequency outcomes and this is acknowledged by the authors. **We have added further information to this point in our Statistical Analyses and Limitations sections.** What is not clear is why the patients were being asked to follow up with their doctors. This is not clear from the paper. Given the types of problems the patients were in hospital with it is clear that there were different expectations for symptom checking and clinical exam. Heart failure would have a very different assessment from COPD exacerbation If patients are unaware of this then that might be a major factor. **We thank the reviewer for this comment. We have added further text to clarify this in our Methods section on page 5 and Limitations on pages 13-14.** The other major factor might be the patients self-perception of recovery. If they felt they were better, then why bother going to see the doctor. This may be more important that many other factors in the analysis. **This is tied with the above point, and we have tried to make this clearer in the paper.** This is a really well written paper, a robust design, good analysis, clearly written, and addressing many useful points. It missed having a family doctor or nurse practitioner involved. The discussion focused a little too much on the system without a systematic approach. A program evaluation process might be beneficial in addressing the issues as they have not followed through to the family physicians and identified the connection. The paper should be published as it is a critical point for discussion about networks. This explores a key point where patients move from one part of the system to another and so is likely to stimulate debate and discussion. **Thank you!**
Reviewer 2	Jimmy Pham
Institution	Midwestern University, Arizona College of Osteopathic Medicine
General comments (author response in bold)	Thank you for the opportunities to review your manuscript. The captions for tables/figures are descriptive. However, if the authors can expand each caption a little more to be more of a 'stand-alone' caption (where the audience does not need to refer to the text to understand the caption). **Done.** The weaknesses and strengths of this study are also discussed.
Reviewer 3	David Snadden

Institution	University of British Columbia Faculty of Medicine, Family Practice
General comments (author response in bold)	Thanks for the opportunity to review your work. This an interesting project and like a lot of research asks as many questions as it answers. It is an interesting approach in that transition care specialists were used to facilitate discharge from the units with a primary care follow up appointment. The background literature review does represent the current literature on this topic, describes current guidance on this topic, is clearly written and provides the rationale for this study. The research question is clearly stated. The study design is appropriate for this approach to the topic and the methods are clearly stated and straightforward to follow as a reader. The one thing that puzzled me a bit was that the patients seemed to have different levels of support from the transition care specialists. For example some had advice to attend their practitioner, others had appointments booked for them. I wasn't sure if this was intended within the study, or whether the different levels of support were circumstantial and dependant on the patients' contexts. These different approaches are described in the table on P21 of the proof and in the text. I am sure there is a very good explanation for this in the complex and varied social contexts of the patients in the study, but I think the article would be enhanced with a brief explanation in this area. **We thank the reviewer for this comment. We have clarified the role of the transitional care specialist in our methods and how this might have impacted our results in the Limitations section on pages 13-14.** The study group looks very similar to the group that were excluded, and though this means the sample was relatively small, the results do make sense and hold face validity. The results fit the interpretation and the conclusions, which support careful attention to discharge support and indicate that attention to administrative processes can improve follow up to discharge from hospital. The conclusions are set within the literature in a way that is meaningful and helpful and I found the tables useful, though I found the Kaplan-Meier curve a bit confusing, particularly the axis labelled survival – I interpreted this as survival outside of thehospital rather than survival of the patient. For those of us (myself included) who are not statistical experts a different label may be helpful – the text in the body of the article uses hazard of readmission. **Thank you – we have changed the label of the Y axis.** What I found missing in the article was a broader reflection on the context of the results. There are other variables in this area which impact on this study, and while they are mentioned in the text the broader findings do not, I think, give them enough weight. Some of these could not be explained by this type of study, but I feel this study will be more relevant if they are recognised within it. The ones touched on are patient ones – such as personal preference (I didn't feel I needed to see someone, or the appointment wait was too long), geographical ones (such as being in a rural area), circumstantial (eg not having a known primary care practitioner). I would also consider that this is a view from the hospital side of the discussion, and quite a valid one, but there are perspectives from the patient side, and the primary care provider side that may well matter in situating this research, but which could only be discovered by additional study into those perspectives. I think the discussion would benefit from touching on these wider important contextual issues. While we can improve the administrative processes in the end of the day they will be more effective if we also think about the social and community complexities at play, and think about how much effective professional and patient relationships within the health care system impact on how patients access care when advised to do so. This is a useful contribution to finding ways to support patients discharged from hospital in

	terms of follow up with their primary care practitioner, but I feel would be enhanced by some attention being given to the social, geographical and health system contexts external to the hospital that can significantly impact on the choices that patients make or have. **We thank the reviewer for these suggestions. We have added further commentary to our discussion within the confines of a tight word count limit. We hope the reviewer agrees this added further discussion to the wider contextual issues.**